



State of Washington
Department of Revenue
Special Programs Division
PO Box 47477
Olympia, Washington 98504-7477

Washington State Cigarette Distributor's Report of Exempt Tax Stamps and Sales

(Attach Supporting Schedule C to This Form)

Distributor: _____ Distributor No.: _____

Registration No.: _____ Period: _____ to _____

Line No.	Reconciliation (use pack figures)	Line No.	No. of Stamps (Pkg's)
1	Beginning inventory of exempt tax stamps	1	
2	Exempt stamps received this period	2	+
3	Stale cigarettes with exempt stamps returned to manufacturer	3	-
4	Ending physical inventory of exempt tax stamps	4	-
5	Tax exempt stamped distributions this period	5	=
6	Tax exempt stamped distributions reported on Schedule C	6	-
7	Difference	7	=
	Stamping Allowance (stamps affixed)		
8	Number of tax exempt distributed stamps this period	8	
9	Rate of stamping allowance	9	X \$ 0.004
10	Stamping allowance to be paid this period	10	= \$

NOTE: This Report Must Be Signed

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, including accompanying schedules and statements.

Signature

Phone

Name and Title (Please Print)

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